

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: monospace;">10825046</div>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3		3							
Total Depend	1		1							
Total Claims	4		4							
51										
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